



## **Policy and Procedure**

|                        |   |                   |                  |
|------------------------|---|-------------------|------------------|
| <b>Title:</b>          | Personal Identifying Information Policy | <b>Number:</b>    | OP-19-01         |
| <b>Effective Date:</b> | 10-10-19                                | <b>Revisions:</b> | February 3, 2021 |

### **Purpose:**

To establish the importance of protecting Personal Identifying Information (PII) within the workforce development system in Local Workforce Development Area 4. This policy replaces policy OP-12-01 Confidentiality of Participant Information.

### **Reference:**

DOL TEGL 39-11 Guidance on the Handling and Protection of Personally Identifiable Information  
VWL 19-05 Guidance on Handling and Protection of Personally Identifiable Information

### **Definitions:**

Personal Identifying Information (PII) – PII is defined as information that can be used to distinguish or trace an individual’s identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual.

Sensitive Information – any classified information whose loss, misuse, or unauthorized access to or modification of could adversely affect the interest or the conduct of Federal programs, or the privacy to which individuals are entitled under the Privacy Act.

Protected PII and non-sensitive PII – the Department of Labor has defined two types of PII, Protected PII and non-sensitive PII. The differences between protected PII and non-sensitive PII are primarily based on an analysis regarding the “risk of harm” that could result from the release of the PII.

- Protected PII is information that if disclosed could result in harm to the individual whose name or identity is linked to that information. Examples of protected PII include, but are not limited to, Social Security Number (SSNs), credit card numbers, bank account numbers, home telephone numbers, ages, birthdates, marital status, spouse names, educational history, biometric identifies (fingerprints, voiceprints, iris scans, etc.), medical history, financial information and computer passwords.
- Non-sensitive PII, on the other hand, is information that if disclosed, by itself, could not reasonably be expected to result in personal harm. Essentially, it is stand-alone information that is not likely or closely associated with any protected or unprotected PII. Examples of non-sensitive PII include information such as first and last names, email addresses, business addresses, business telephone numbers, general education credentials, gender or race. However, depending on the circumstances, a combination of these items could potentially be categorized as protected or sensitive PII.

### **Policy:**

All PII and other sensitive data transmitted via email or stored on CDs, DVDs, thumb drives, etc. must be encrypted. Any participant information that is transmitted or stored on the above named devices should not include Social Security Numbers (SSNs) or Date of Birth. Information concerning a participant should include only State ID, User Name or User ID from the Virginia Workforce Connection (VaWC) when provided as part of data collection or related VaWC transaction.

All PII used during the performance of the grant will be obtained in conformity with applicable Federal and State laws governing the confidentiality of information.

All PII data obtained through federal funded programs shall be stored in an area that is physically safe from access by unauthorized persons at all times, and the data will be processed using grantee/sub grantee issued equipment, managed information technology (IT) services, and designated locations approved by the Shenandoah Valley Workforce Development Board. SVWDB designates locked cabinets and storage areas for the secure storage of PII. No records containing PII will be left open and unattended. Accessing, processing, and storing of PII data on personally owned equipment, at off-site locations and non-grantee managed services is strictly prohibited.

Access to any PII must be restricted to only those employees who need it in their official capacity to perform duties in connection with the scope of work in the grant or agreement with the SVWDB. SVWDB staff and Program Operator employees and other personnel who will have access to sensitive/confidential/proprietary/private data must be advised of the confidential nature of the information, the safeguards required to protect the information, and that there are civil and criminal sanctions for noncompliance with such safeguards that are contained in federal and state law. A copy of this policy will be provided to all staff/employees. All employees having access to sensitive/confidential/private data must sign a Confidentiality Pledge acknowledging that they have read and understand the policies and procedures for handling personally identifiable information.

SVWDB staff and Program Operator employees must not extract information from federally funded programs for any purpose not stated in the grant agreement, contract, and/or memorandum of understanding (MOU).

Coordinated service delivery with other agencies providing workforce and social services is required to provide comprehensive services to participants. All participants in federal funded programs administered by the Shenandoah Valley Workforce Development Board must sign a Consent to Exchange Information form to allow the sharing of information with other workforce agencies and service providers. The participant can identify the type of information shared and the timeframe for sharing of information.

SVWDB staff and Program Operators should refer to Virginia Workforce Letter #19-05 for additional definitions and clarification on PII.

#### Data Breach

In the event that a SVWDB or contracted WIOA Service Provider suspects, discovers, or is notified of a data security incident or potential breach of security relating to personal information, the SVWDB shall as soon as possible, but no later than twenty-four (24) hours from the incident, notify the WIOA Title I Administrator and Grant Recipient. The WIOA Title I Administrator will notify the DOLETA Federal Project Officer assigned to Virginia about data security incident or potential breach. Timely notice (within 24 hours) of a breach will be provided to Shenandoah Valley Workforce Development Board members and Chief Local Elected Officials.

The notification shall include the following:

- Approximate date of the incident;
- Description of cause of the security event and how it was discovered;
- Number of individuals affected and the type of PII involved;
- Steps taken/to be taken to remedy the event.

The SVWDB or contracted WIOA Service provider shall also comply with notification requirements outlined in §18.2-186.6. of the Code of Virginia.

WIOA Title I Administrator  
Academic and Workforce Programs Virginia Community College System  
300 Arboretum Place, Suite 200  
Richmond, VA 23236  
Telephone: (804) 819-5387  
Fax: (804) 786-8430  
Email: wioa@vccs.edu

**Related Forms:**

SVWDB Confidentiality Pledge  
Consent to Exchange Information

**Revisions:**

OP 19-01 replaces OP-12-01 Confidentiality of Participant Information Policy  
2.3.21

**Equal Opportunity Employer/Program**  
**Auxiliary aids and services are available upon request to individuals with disabilities**  
**TDD: VA Relay Center: 711 or 800.828.1120**  
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This workforce product was created using 100% of federal U. S. Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act (WIOA) award of \$1,460,148 (#AA-33260-19-55-A-51) made to Page County on behalf of the Shenandoah Valley Workforce Development Area by the pass-through entity, the Virginia Community College System. No costs of this product were financed by nongovernmental sources. The information contained herein does not necessarily reflect the official position of the U.S. Dept. of Labor.



### CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, \_\_\_\_\_, am signing this form for  
(FULL PRINTED NAME OF CONSENTING PERSON OR PERSONS)

\_\_\_\_\_  
(FULL PRINTED NAME OF CLIENT)

\_\_\_\_\_  
(CLIENT'S ADDRESS)

\_\_\_\_\_  
(CLIENTS BIRTHDATE)

\_\_\_\_\_  
(CLIENT SS # OPTIONAL)

My relationship to the client is:  Self  Parent  Power of Attorney  
 Guardian  Other Legally Authorized Representative

I want the following confidential information about the client (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:

| Yes                      | No                       |  | Yes                      | No                       |                         | Yes                      | No                       |                          |
|--------------------------|--------------------------|--|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Assessment Information                             | <input type="checkbox"/> | <input type="checkbox"/> | Medical Diagnosis       | <input type="checkbox"/> | <input type="checkbox"/> | Educational Records      |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial Information                              | <input type="checkbox"/> | <input type="checkbox"/> | Mental Health Diagnosis | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric Records      |
| <input type="checkbox"/> | <input type="checkbox"/> | Benefits/Services Needed, Planned, and/or received | <input type="checkbox"/> | <input type="checkbox"/> | Medical Records         | <input type="checkbox"/> | <input type="checkbox"/> | Criminal Justice Records |
|                          |                          |  | <input type="checkbox"/> | <input type="checkbox"/> | Psychological Records   | <input type="checkbox"/> | <input type="checkbox"/> | Employment Records       |

Other information write in:

I want: \_\_\_\_\_

And the following other agencies to be able to exchange this information:

**Any agency whose information would enhance the possibility of employment.**

Are More Agencies Listed on Back? YES  NO

I want this information to be exchanged ONLY for the following purpose(s):

Service Coordination and Treatment Planning  Eligibility Determination  Employment Verification

Other (write in): \_\_\_\_\_

I want Information to be shared: (check all that apply)

Written Information  In Meetings or by Phone  Computerized Data

I want to share additional information received after this consent is signed:  YES  NO

This consent is good until: **Completion of Program**

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when and with whom it was shared. If I ask, each agency will show me this information.



***I want all the agencies to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.***

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(Consenting person or persons)

Person Reviewing Form: \_\_\_\_\_ Date: \_\_\_\_\_

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## Confidentiality Pledge

Protected personally identifiable information (PII) is defined by the US Department of Labor as that which, if disclosed, could result in harm to the individual whose name or identity is linked to that information. Some examples include: social security numbers, addresses, credit card numbers, bank account numbers, home telephone numbers, ages, birthdate, or marital status. The Shenandoah Valley Workforce Development Board takes protection of PII seriously and places a high priority in protecting any and all personal information obtained in managing and providing WIOA services.

By signing below, I acknowledge that I have read & understand the Shenandoah Valley Workforce Development Board Personal Identifying Information Policy. I am also acknowledging that I understand that when/if my role terminates/changes, all PII obtained that is no longer required for job duties must be surrendered to the SVWDB at that time.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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